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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
HS 110

In re Application of
A. Wesley Burks, Jr., et al.

Application Number 09/267,719	Filed March 11, 1999
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For
Tertiary Structure of Peanut Allergen Ara H 1

Group Art Unit 1644	Examiner M. Dibrino
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 380 _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17 (a)(5))	\$ _____

Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 190 _____.

A small entity statement under 37 CFR 1.27:

<input checked="" type="checkbox"/>	is enclosed. <input type="checkbox"/> has already been filed in this application.
<input type="checkbox"/>	Applicant(s) have already obtained an extension of time for <input type="checkbox"/> month(s) and the above fee is reduced by \$ _____
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.
<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>01-2507</u> . I have enclosed a duplicate copy of this sheet.

I am the assignee of record of the entire interest.

applicant.

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

June 19, 2000

Date

Signature

Patreo L. Pabst

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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